

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

The Council of Insurance Agents &amp; Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2008

in the  
State of

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

12

04

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents &amp; Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		114376.35
(b) Cash on Hand at Beginning of Reporting Period .....	223848.06	
(c) Total Receipts (from Line 19) .....	27515.40	452967.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	251363.46	567343.85
7. Total Disbursements (from Line 31) .....	49130.42	365110.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	202233.04	202233.04
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents &amp; Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	23273.92	373251.92
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4241.48	60215.58
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	27515.40	433467.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	27515.40	445467.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	27515.40	452967.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27515.40	452967.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	630.42	1359.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	630.42	1359.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	358751.70
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49130.42	365110.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49130.42	365110.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	27515.40	445467.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27515.40	445467.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	630.42	1359.11
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	630.42	1359.11

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. J. Scott Anderson

Mailing Address 9711 North Jagged Circle

City

Fountain Hills

State

AZ

Zip Code

85268-6366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Risk Placement Services,  
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 8

Transaction ID: 28505955

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy A. Schilling

Mailing Address 8303 Thoreau Drive

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Early, Cassidy & Schilling,  
g. Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 0 8

Transaction ID: 28518053

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. George Steadman, III

Mailing Address 45 Cardinal Road

City

Roanoke

State

VA

Zip Code

24014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rutherford Companies, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 8

Transaction ID: 28565231

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary Cooney

Mailing Address 2853 Shook Hill Circle

City

Birmingham

State

AL

Zip Code

35233-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McGriff, Seibels & Williams, Inc.

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28588953

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Colin M. McNeese

Mailing Address 5949 Van Horn Lane

City

Frisco

State

TX

Zip Code

75034-4041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apex Global Partners, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28635327

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Ewell

Mailing Address 8 Penny Lane

City

Medford

State

NJ

Zip Code

08055-3476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graham Company, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28650152

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brad Jeffress

Mailing Address 1550 17th Street  
#600City State Zip Code  
Denver CO 80202-1517FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMA Financial GroupOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

Transaction ID: 28665804

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Doug Anderson

Mailing Address 11404 Meadow Lane

City State Zip Code  
Leawood KS 66211-3014FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMA Financial GroupOccupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

Transaction ID: 28667576

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin Conboy

Mailing Address 10 Coddington Lane

City State Zip Code  
Califon NJ 07830-3440FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIA Group, LLC, TheOccupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

Transaction ID: 28761972

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Jennings

Mailing Address 240 Killarney Drive

City

Berkeley Heights

State

NJ

Zip Code

07922-2156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crump Insurance Services

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 28762375

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Walter R. Fawcett, III

Mailing Address 310 Macalpin Court

City

Inverness

State

IL

Zip Code

60010-6426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plexus Groupe Inc., The

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 28787501

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28802902

Amount of Each Receipt this Period

180.00

**SUBTOTAL** of Receipts This Page (optional) .....

2180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Butler

Mailing Address 31818 Tradewinds Drive

City

Avon Lake

State

OH

Zip Code

44012-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28802906

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Catania

Mailing Address 5758 Williamsburg Circle

City

Hudson

State

OH

Zip Code

44236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28805294

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Jones

Mailing Address 7825 Chagrin Road

City

Chagrin Falls

State

OH

Zip Code

44023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28805993

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward X. McNamara

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28806013

Amount of Each Receipt this Period

168.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Schwab

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
CLEVELAND OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28806061

Amount of Each Receipt this Period

168.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Keith A. Boyer

Mailing Address 57 Durham Circle

City State Zip Code  
Schwenksville PA 19473-1652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Addis Group, The

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 28820005

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

586.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harold Rindels

Mailing Address 34536 S. Side Park Drive

City

Solon

State

OH

Zip Code

44139-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Britton-Gallagher & Assoc-  
lates, Inc.

Occupation

Vice President, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 28820010

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary Pyne

Mailing Address 807 Katesford Road

City

Hunt Valley

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HMS Insurance Associates,  
Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: 28830868

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Arconti

Mailing Address 13 Fernbrook Drive

City

Brookfield

State

CT

Zip Code

06804-3122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rose & Kiernan, Inc.

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 28830870

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28830881

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Butler

Mailing Address 31818 Tradewinds Drive

City State Zip Code  
Avon Lake OH 44012-2439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28830885

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Catania

Mailing Address 5758 Williamsburg Circle

City State Zip Code  
Hudson OH 44236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28830888

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Jones

Mailing Address 7825 Chagrin Road

City

Chagrin Falls

State

OH

Zip Code

44023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28830914

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward X. McNamara

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28830924

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Schwab

Mailing Address 1360 E 9th Street  
Suite 600

City

CLEVELAND

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28830941

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional) .....

228.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gregory M. Malloy

Mailing Address 8 Barnbridge Cr.

City

Framingham

State

MA

Zip Code

01701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PMC Insurance Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28830966

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Curtis

Mailing Address 1451 Bonnymede Drive

City

Santa Barbara

State

CA

Zip Code

93108-2866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan & Curtis Insurance  
Brokers

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28862109

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dirk DeJong

Mailing Address 2401 Northeast 32nd Court

City

Lighthouse Point

State

FL

Zip Code

33064-8180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frank H. Furman, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 28862115

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 16 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ron Wanglin

Mailing Address 280 Conway Avenue

City

Los Angeles

State

CA

Zip Code

90024-2602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bolton & Co. Insurance Br-  
okers

Occupation

Senior Vice President, Employee Benefit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 28862122

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Hughes

Mailing Address 1702 Almedia Drive

City

Chico

State

CA

Zip Code

95926-7757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Interwest Insurance Servi-  
ces, inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 28865629

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas L. Spinner, Jr.

Mailing Address 16 Gettysburg Court

City

Allentown

State

NJ

Zip Code

08501-1874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Property Risk Services,  
LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: 28870744

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 17 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph F. Vitale

Mailing Address 41 Joyous Lane

City

Scotia

State

NY

Zip Code

12302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rose & Kiernan, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 28904302

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kirk P. Christ

Mailing Address 1192 Chisolm Trail Drive

City

Diamond Bar

State

CA

Zip Code

91765-4146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hub International

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28911598

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mike Birge

Mailing Address 8690 Willow Green Circle

City

Sandy

State

UT

Zip Code

84093-2251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hub International

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: 28911804

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James I. Moore

Mailing Address 19 West 110 Mallard Court

City

Downers Grove

State

IL

Zip Code

60516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hub International Ltd.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: 28912332

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919583

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Butler

Mailing Address 31818 Tradewinds Drive

City

Avon Lake

State

OH

Zip Code

44012-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919593

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 19 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul Catania

Mailing Address 5758 Williamsburg Circle

City

Hudson

State

OH

Zip Code

44236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919596

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen A. Daberko

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919626

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Theresa DiVincenzo

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919627

Amount of Each Receipt this Period

41.60

**SUBTOTAL** of Receipts This Page (optional) .....

143.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph R. Eardley

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919629

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Edmonds, III

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919643

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Ms. Gloria I. Jones

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919645

Amount of Each Receipt this Period

41.68

**SUBTOTAL** of Receipts This Page (optional) .....

125.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Jones

Mailing Address 7825 Chagrin Road

City

Chagrin Falls

State

OH

Zip Code

44023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919646

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James M. Kenny

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919654

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric L. Krieg

Mailing Address 31724 Leeward CT

City

Avon Lake

State

OH

Zip Code

44012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919657

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

144.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William J. Leonard

Mailing Address 29767 Devonshire Oval

City

Westlake

State

OH

Zip Code

44145-3895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919664

Amount of Each Receipt this Period

83.32

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward X. McNamara

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919665

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Todd R. Miller

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919674

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional) .....

208.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael G. Miron

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919676

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steffan J. Moody

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919677

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brian T. Muldoon

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919678

Amount of Each Receipt this Period

46.00

**SUBTOTAL** of Receipts This Page (optional) .....

138.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David M. Orloff

Mailing Address 26441 Shaker Blvd.

City

Beachwood

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919684

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Poyle

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919686

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Melissa Robinson

Mailing Address 4024 W. 157th Street

City

Cleveland

State

OH

Zip Code

44135-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919687

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

126.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Schwab

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
CLEVELAND OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 28919688

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven C. Terry

Mailing Address 6565 Argonne Boulevard

City State Zip Code  
New Orleans LA 70124-3905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hub International Limited

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: 28922097

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

584.00

**TOTAL** This Period (last page this line number only) .....

23273.92

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

GAP PAC

Mailing Address 2610 Ridge Road Drive

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

Void - GAP PAC

Candidate Name

GAP PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 28805763

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

-2500.00

Void - GAP PAC

**B.**

Full Name (Last, First, Middle Initial)

Steve Cohen For Congress

Mailing Address 349 Kenilworth

City Memphis State TN Zip Code 38112

Purpose of Disbursement

Candidate Name

Mr. Steve Cohen

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 09

Disbursement For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 28823542

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mchenry For Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement

Candidate Name

Rep. Patrick T. McHenry

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 10

Disbursement For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 28823544

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

-500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 37

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 28823546

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Tom Rooney For Congress

Mailing Address 2336 S. East Ocean Blvd. #313

City Stuart State FL Zip Code 34996

Purpose of Disbursement

Candidate Name  
Mr. Tom Rooney

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 16

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** 28829458

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Porter For Congress

Mailing Address 7840 Red Leaf Drive

City Las Vegas State NV Zip Code 89131

Purpose of Disbursement

Candidate Name  
Rep. Jon C. Porter

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NV District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** 28829459

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chambliss For Senate

Mailing Address Post Office Box 12469

City  
AtlantaState  
GAZip Code  
30355

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Saxby Chambliss

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

State: GA

District:

Transaction ID: 28829461

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	0	8

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Nebraska Leadership PAC

Mailing Address 426 C Street, NE

City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Nebraska Leadership PAC

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2008

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: 28829463

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Mark Warner

Mailing Address 1029 North Royal Street 2nd Fl

City  
AlexandriaState  
VAZip Code  
22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Mark Warner

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

State: VA

District:

Transaction ID: 28829465

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	0	8

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cazayoux For Congress

Mailing Address Pob 3172

City  
Baton Rouge

State  
LA

Zip Code  
70821

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Donald Cazayoux

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

State: LA

District: 06

Transaction ID: 28829467

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

GAP PAC

Mailing Address 2610 Ridge Road Drive

City  
Alexandria

State  
VA

Zip Code  
22302

Purpose of Disbursement

011

Category/  
Type

Candidate Name

GAP PAC

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 28829468

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Bean-PAC

Mailing Address 235 Massachusetts Avenue NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 28829469

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 37

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Hodes For Congress

Mailing Address 26 South Main Street, #253

City Concord State NH Zip Code 03301

Purpose of Disbursement  
Void - Paul Hodes For Congress

Candidate Name  
Rep. Paul W. Hodes

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NH District: 02

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 28838656

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

-1000.00

Void - Paul Hodes For Congress

**B.**

Full Name (Last, First, Middle Initial)

Paul Hodes For Congress

Mailing Address 26 South Main Street, #253

City Concord State NH Zip Code 03301

Purpose of Disbursement  
Replacement for Check # 3555

Candidate Name  
Rep. Paul W. Hodes

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NH District: 02

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 28842253

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

Replacement for Check # 3555

**C.**

Full Name (Last, First, Middle Initial)

Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name  
Mr. Leonard Lance

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 07

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 28842261

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Darren White For Congress

Mailing Address P.O. Box 16601

City  
AlbuquerqueState  
NMZip Code  
87191

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Darren White

Office Sought:

☒ House☐ Senate☐ President

State: NM

District: 01

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

Transaction ID: 28842268

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David Scott For Congress

Mailing Address P.O. Box 960821

City  
RiverdaleState  
GAZip Code  
30296

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. David A. Scott

Office Sought:

☒ House☐ Senate☐ President

State: GA

District: 13

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

Transaction ID: 28842274

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Nebraska Leadership PAC

Mailing Address 426 C Street, NE

City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Nebraska Leadership PAC

Office Sought:

☐ House☐ Senate☐ President

State:

District:

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Transaction ID: 28842737

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	8

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chris Lee For Congress

Mailing Address PO Box 15395

City  
RochesterState  
NYZip Code  
14615

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Christopher Lee

Office Sought:

☒ House☐ Senate☐ President

State: NY

District: 26

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼**Transaction ID:** 28862644

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

7th District Republican Committee

Mailing Address 25 East Main Street

City  
RichmondState  
VAZip Code  
23219

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

State:

District:

Disbursement For:

2008

☐ Primary☐ General☐ Other (specify) ▼**Transaction ID:** 28862647

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Udall For Colorado

Mailing Address PO Box 40158

City  
DenverState  
COZip Code  
80204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Mark Udall

Office Sought:

☐ House☒ Senate☐ President

State: CO

District:

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼**Transaction ID:** 28862648

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 81 S Fifth Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Steve Stivers

Office Sought:

☒ House

☐ Senate

☐ President

State: OH

District: 15

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

**Transaction ID:** 28862649

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Judy Biggert For Congress

Mailing Address 2800 Shirlington Road  
Suite 405

City  
Arlington

State  
VA

Zip Code  
22206

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Judy Biggert

Office Sought:

☒ House

☐ Senate

☐ President

State: IL

District: 13

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

**Transaction ID:** 28865630

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

The Freedom Project

Mailing Address 111 C Street, SE  
Lower Level

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

The Freedom Project

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** 28878138

Date of Disbursement

11 / 06 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chambliss Victory Committee

Mailing Address 425 Second Street, NE

City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Saxby Chambliss

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2008

☐ Primary☐ General☒ Other (specify) ▼

State: GA

District:

Runoff2008

Transaction ID: 28895249

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Bean-PAC

Mailing Address 235 Massachusetts Avenue NE

City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: 28912289

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

National Leadership PAC

Mailing Address P.O. Box 5577  
Manhattanville StationCity  
New YorkState  
NYZip Code  
10027

Purpose of Disbursement

011

Category/  
Type

Candidate Name

National Leadership PAC

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: 28912306

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Freedom Fund

Mailing Address 128 North Columbus Street

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement

Candidate Name  
Freedom FundOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 28912316

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

43500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Authorize.Net

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 28865713

Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

62.90

**B.**

Full Name (Last, First, Middle Initial)

Chase Paymentech Solutions

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741-6600

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 29032243

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

429.49

**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 2878

City Omaha State NE Zip Code 68103-2878

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 29033655

Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

138.03

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

630.42

**TOTAL** This Period (last page this line number only) ..... ►

630.42

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Coleman For Senate 08

Mailing Address 680 Transfer Road Suite A

City  
St Paul

State  
MN

Zip Code  
55114

Purpose of Disbursement  
Recount2008

Candidate Name  
Sen. Norm Coleman

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Transaction ID: 28895248

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00